

APPLICATION (Form B)

HEALTH INFORMATION

1. NAME OF CHILD: _____

2. PARENT / GUARDIAN: _____

3. GRADE: _____

4. Does your child has any health / physical problem? Yes ____ No ____

If yes, please state _____

5. Does your child suffer from any allergies to food, medication or other? If yes, please explain.

6. Is your child on a Special Diet? Please explain. _____

7. What medication, if any is your child taking? _____

8. I hereby give permission for the Class Teacher or Care Giver to give my child his / her medication as stated.

Documents presented:-

- Birth Certificate
- Updated Immunization Record
- Medical Report
- Passport-size photograph
- Student's last School Report
- Sample of child's work if possible
- Payment Voucher

Signature of Parent / Guardian

Date

ST. JOHN'S PREPARATORY SCHOOL



Shaw Park Road
P.O. Box 76
Ocho Rios

E-mail: stjohnsprep2@yahoo.com

Telephone/Fax: 974 2581 / 974 5633

ENROLMENT APPLICATION (Form A)

NAME OF CHILD: _____

DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: (Home) _____ (Business) _____

PROPOSED DATE OF ADMISSION: _____

RELIGION OF CHILD: _____

PREVIOUS SCHOOL: _____

Person to Contact in Case of Emergency

NAME: _____

ADDRESS: _____ TEL: _____

RELATIONSHIP TO CHILD: _____

NAME OF FAMILY DOCTOR: _____

ADDRESS: _____ TEL: _____

In case of emergency and Family Doctor is unavailable, I agree to allow the School's Doctor to be consulted for treatment and or that my child be taken to the Emergency Room at the St. Ann's Bay Hospital.

Fees are due in full on the first day of each Term. Your child will be suspended from class if you fail to pay his / her fee.

Please note: One term's notice in writing or one term's fees in lieu of notice is required for the withdrawal of a child from school. Fees are non-refundable.

ACCEPTED AND AGREED

SIGNATURE OF PARENT/GUARDIAN

DATE